

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

Russell W Smith

3629689

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. 2:18-cv-1479

(Number to be assigned by Court)

South Central Regional Jail
and Medical department

(Enter above the full name of the defendant
or defendants in this action)

COMPLAINT

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____

No ✓

ANS
VOL
B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district; if state court, name the county);

3. Docket Number: _____

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: South Central Regional Jail

A. Is there a prisoner grievance procedure in this institution?

Yes No _____

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes No _____

C. If you answer is YES:

1. What steps did you take? Filed Grievance, Told nurses repeatedly, Told Guards

2. What was the result? No results.. was told that the anti-biotics would take care of it.

D. If your answer is NO, explain why not: Nurses denied my

right to sign waivers from spending
24hr period in medical. With fellow
personals with me etc.

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Russell William Smith 3629689

Address: 1001 Center Way, Charleston, WV 25309

B. Additional Plaintiff(s) and Address(es): _____

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: _____

is employed as: _____

at _____

D. Additional defendants: _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

After telling the Nurse of a boil like bump on my ~~R~~ hand the Nurse observed it and said that we would keep an eye on it. Every day at med-call I would ask the Nurse to look and I'd ask to see the Dr. I kept getting put off. finally 5-8 days later after it has had the chance to absesce the Dr. looked at it and sent me to the ER at a hospital in Charleston WVA. The attending Physician decided I needed surgery to get rid of the infection. In the report it was mentioned the possibility of toosening my hand or of blood poisoning. —

After Surgery & 4 days in the hospital, I was taken back to the jail where I was told I "had" (could not sign a waiver) to stay in medical for 24 hrs. After complaining and stating several times that I did not want to stay in medical and wished to sign a waiver — I was put in a cell with another inmate (disturbed) who had an open wound of ~~mercy~~ the size of an orange on his (R) leg. While recovering on dinner I was Kneed in the head by the inmate. And returned to the hospital.

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

I wish to sue the jail for negligence and disfigurement due to incompetency in my evaluation and handling. I am a disabled Veteran.

I am seeking monetary funds for the discomort, and disfigurement caused by incompetance.

V. Relief (continued)):

VII. Counsel

A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

11. *What is the name of the author of the book you are reading?*

B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes ✓ No

If so, state the name(s) and address(es) of each lawyer contacted:

No contacts have been made since
I'm in jail.

If not, state your reasons: I am still in jail

C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____ No

Case #1

Russell Smith VS. State of Ws.

After my arrest, the arresting officer told the court at my arraignment that I had been caught with 49 lbs of marijuana. He told the court at the arraignment, at my bond reduction hearing, my defense attorney, and judge. He has committed perjury on several occasions.

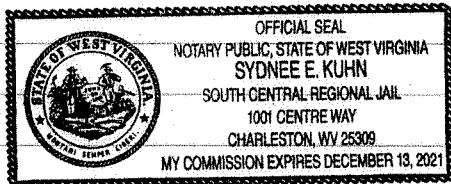
Case #2

After letting the nurses know that I had Merca on my hand and I needed to see a Dr. I was sent off repeatedly told to wait and the aide - sisters would take care of it. The nurse then took a pen and drew a circle around it and said if it gets any bigger to let her know! it did and I told her! Still no Dr. Finally after it had grown so large and painful and bled on its own I was taken to see the jail Dr. who immediately sent me to the emergency room in Charleston where I stayed for 4 days and had surgery before leaving my hand from an oblique!

Case #3

After returning from the hospital, after surgery on my hand I was forced to stay in the jail's medical dept for 24 hrs (They told me I could not sit a chair). I was put in a room with a black male, who had an open wound of stops (merca

already developed on his leg. After repeatedly stating I did not want to go into the cell with him, I was forced in. Later that day I was blind sided by the inmate with a ~~box~~ to the head. And was returned to the hospital with damage to my left eye.



City/County of Charleston/Kanawha

State of West Virginia

I certify this to be the original document on this

26th day of November, 2018

Sydnee E. Kuhn Notary Public
My commission expires December 13, 2021

If so, state the lawyer's name and address:

Signed this _____ day of _____, 20 11-28-18

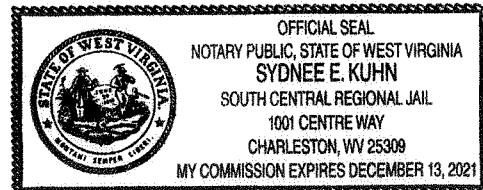

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

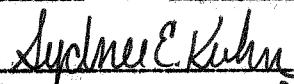
Executed on 11-26-18
(Date)


Signature of Movant/Plaintiff

Signature of Attorney
(if any)



City/County of Charleston / Kanawha
State of West Virginia
I certify this to be the original document on this
26th day of November, 2018



Notary Public
My commission expires December 13, 2021